



INTERDISCIPLINARY PRIMARY CARE TEAM OF THE YEAR

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In recognition for collaborative work redesigning the prenatal program to provide higher quality care to more women with fewer resources, and for sharing resources with sister community health centers.

This prenatal team has made great strides in their Oakland clinic through the development and implementation of a new model for prenatal care. The new model required the restructuring of their clinic and included the introduction of group classes, counseling sessions and special appointments, and the reduction of visits for healthy women.

In another efficiency initiative, the team has shifted routine appointments to other providers. Expanding the roles of nurse and nurse-midwife has freed up the OB/GYN specialists for other duties. Thanks to these organizational changes, an increased patient demand has been handled without an increase in total staff.

Dr. Sykes has assumed the co-chair position in the local hospital's OB/GYN Department, strengthening the clinic's relations with the hospital. This allows for an exchange of coverage and backup assistance for family physicians and midwives.

The team has also responded to the requests of a sister clinic in Alameda County to provide clinical consultations. Overseeing women's health issues at the sister clinic, the team has had to learn new systems, build relationships with different clinicians, and develop ways to best use their consultation services. ■

Osteoporosis

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There is, however, hope. Exercise, increased calcium, and avoidance of cigarettes and alcohol are ways to delay the onset and severity of the disease, even if it cannot be avoided altogether.

So why are so many patients reluctant to change their behavior? "Because if they can't see or feel it, it doesn't exist," says former NHSC scholar Diane Wolterstorff, NP, of the Yakima Farm Workers' Clinic in Yakima, Wash. Many patients wait for the swollen joints, stiffness and pain that are associated with arthritis before they become concerned about osteoporosis, according to a recent NOF survey. Six out of 10 women think that osteoporosis has warning signs or symptoms, and five out of 10 believe that there are similar treatments for both diseases.

"We're concerned that confusion surrounding these two diseases leads many women to ignore their risk for osteoporosis, thereby jeopardizing their long-term health, mobility and independence," says Robert Lindsay, MD, PhD, president of NOF and chief of internal medicine at Helen Hayes Hospital in New York City.

NHSC scholar Kurt G. Zimmer, DO, urges his patients to take preventive measures. "Number one: I want my patients to fight gravity and not lead a sedentary lifestyle," he says. "Second: They need to increase their intake of calcium."

Zimmer, of Big Springs Medical Association in Van Buren, Mo., also recognizes that "for some patients, those with kidney stones or those who are watching their fat or sodium intake, increasing their calcium intake can be a double-edged sword." He suggests that low-fat milk and cheese products and calcium-fortified orange juice may be good choices for these patients.

Wolterstorff also recommends alternative forms of calcium, such as



Proper medication can reduce the risk of fractures caused by osteoporosis.

molasses and leafy green vegetables.

The National Academy of Sciences recently increased its recommended dietary allowance for calcium in every age group. For adults ages 25 to 50, the amount of calcium was increased from 800 to 1,000 milligrams (mg), and for adults 51 and over, the recommendation increased by 50 percent, from 800 to 1,200 mg per day.

For some patients, changes in diet and lifestyle are not enough. Zimmer is most inclined to discuss pharmacological interventions with patients who are at particular risk, "especially those menopausal and postmenopausal Caucasian [and Asian] women who live a sedentary lifestyle, are ectomorphs [people with slender physical stature], have an insufficient calcium intake, and have a family history of osteoporosis. Why these women are more at risk, nobody knows."

Medications do exist that can help alleviate osteoporosis. In patients who already have osteoporosis, the goals of treatment are to increase bone mass, reduce the risks of fractures, and reduce additional bone loss.

While there is no cure for osteoporosis, it is like many diseases: An ounce of prevention is worth a pound of cure. As Zimmer says, "I even urge high school girls to pursue lifelong habits of calcium in their diets and daily exercise." ■